

is subject to the Division's energy conservation requirements contained in the QAP or Bond Regulatory Agreement.

- Confirm project restrictions such as income and rent limits, pursuant to the Declaration.
- Review of the required project records.

** The Division may inspect as many units as necessary during the pre-review to determine compliance with LIHTC requirements.*

(2) Annual Monitoring Reviews

Each LIHTC project shall be subject to an annual review conducted by the Division. The first Annual Monitoring Review shall be conducted within two years from the date the last building was Placed-in-Service.

The Division may request a management company representative be present at compliance reviews.

The annual review shall, at a **minimum**, include:

- Inspection of at least 33 percent of the buildings and grounds of the project
- Inspection of at least 20 percent of individual units
- Inspection of corresponding tenant records inclusive of income certifications, the documentation supporting the certifications, and the rent records for the tenants in those units
- Review of the required project records
- Review of local health, safety, and/or building code violation reports or notices issued by the State or unit of local government
- The Division requires and will review a Site Administration Manual which includes but is not limited to: records and documentation as appropriate to determine compliance with extended low-income compliance requirements specified in the Declaration, including but not limited to: income and rent restrictions, housing type, affordability period, reserve levels, amenities, and supportive services.

Where necessary, the Division may expand the number of units inspected and/or tenant records reviewed or re-schedule the review at NHD staff discretion. Circumstances warranting the expansion of the sample of units/records reviewed include:

- Poor internal controls
- Significant number of nonqualified units
- Significant number of households not income qualified
- Multiple occurrence of significant compliance violations
- Information from reliable sources on matters affecting compliance
- Re-schedule the compliance review

The Division will prepare summary reports documenting the findings of physical inspections and tenant record audits.

APN: 177-20-601-003

When recorded please mail to:

Nevada Housing Division
7220 Bermuda Road- Suite B
Las Vegas, NV 89119

June 20, 2016

**DECLARATION OF RESTRICTIVE COVENANTS RUNNING WITH THE LAND
FOR LOW-INCOME HOUSING TAX CREDITS
For**

Agate Avenue Apartments (a.k.a. Ensemble Senior Apts.))

This Declaration of Restrictive Covenants for Low-Income Housing Tax Credits is entered into between the Nevada Housing Division, a division of the Department of Business and Industry of the State of Nevada (hereafter "Division") and Agate Seniors, LLC; a Nevada Limited Liability Company; (hereafter "Sponsor"), with reference to the following facts:

A. The multi-family housing project which is the subject of and is to be bound by this Declaration of Restrictive Covenants for Low-Income Housing Tax Credits is known as Agate Avenue Apartments, situated in Clark County, Nevada and is located on the real property described in Exhibit "A" attached hereto and incorporated herein by reference. The real property described in Exhibit "A" shall be construed to include all fixtures and improvements located on such real property and the tenements, hereditaments and appurtenances thereto.

B. Nevada Revised Statute Section 319.145 provides that the Division is designated as the housing credit agency for the State of Nevada for the purpose of allocating and distributing tax credits for low-income housing projects pursuant to Section 42 of the Internal Revenue Code of 1986, as amended.

C. Sponsor has submitted application to the Division requesting an allocation of low-income housing tax credits in the amount of Eight Hundred Eighty Thousand One Hundred Twenty Nine Dollars (\$880,129.00) in 2016.

D. The Division has determined that the Project will support a tax credit allocation in the amount of Eight Hundred Eighty Thousand One Hundred Twenty Nine Dollars (\$880,129.00).

Address of Project/Buildings
2675 West Agate Ave.
Las Vegas, NV 89123

Building Identification Number
NV-13-88001

Building Identification Numbers

NV-13-88001

Percentage of Applicable Fraction

100%

3. Prohibitions on Transfer of the Project. Sponsor shall not sell, transfer, convey, exchange, or otherwise dispose of a Building to a Third Party, unless the Sponsor's entire interest in the Building is conveyed to such Third Party, and the Division consents in writing to such a sale, transfer, conveyance, exchange or disposition. The Division shall not unreasonably withhold its consent to allow the Sponsor to sell, transfer, convey, exchange, or otherwise dispose of its entire interest in a Building if the transferee agrees to be bound by the terms of this Agreement and to comply with all the requirements mandated by Section 42 of the Internal Revenue Code which are applicable to the building.

4. Residential Rental Requirements. During the term of this Agreement, the Sponsor will hold all Units in the Project continuously open for rental purposes.

5. Additional Restrictions Relating to Rental Units. During the term of this Agreement, Sponsor hereby agrees to comply with the following:

a. Sponsor agrees that the total One Hundred Eighty Two (182) Units located in the project, not including one (1) common space employee unit, shall be restricted and reserved for Tenants, whose income, at the time the tenant initially occupies the Unit, does not exceed Sixty Percent (60%) of the Area Median Gross Income Limit.

b. Sponsor further agrees that the Gross Rents charged for the One Hundred Eighty One (181) Units shall not exceed Sixty Percent (60%) of the Area Median Gross Income rent level. Sponsor further agrees that the Gross rents charged for the foregoing Low-Income Units shall not exceed Thirty percent (30%) of the "Imputed Income Limitation" as defined in Section 42(g)(2)(C) of the Code.

c. Sponsor further agrees that the Gross Rents charged for the Low-Income Units described in paragraph 5(a) above shall not exceed the Area Median Gross Income limits for the specific Metropolitan Statistical Area for the appropriate fiscal year. In no event shall a rent increase exceed the Gross Rents allowed under Section 42 of the Code, pursuant to paragraph 5(b) above.

6. Renting to Holder of a Voucher Under Housing Act. During the term of this Agreement, the Sponsor will not refuse to lease to a Tenant who is a holder of a voucher or certificate of eligibility under Section 8 of the Housing Act because of the status of the Tenant as a holder of such voucher or certificate.

III

ADDITIONAL REPRESENTATIONS, COVENANTS AND
WARRANTIES OF THE SPONSOR

**Low-Income Housing Credit Allocation
and Certification**

OMB No. 1545-0988

► Information about Form 8609 and its separate instructions is at www.irs.gov/form8609.

Part I Allocation of Credit

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A Address of building (do not use P.O. box) (see instructions)

B Name and address of housing credit agency

C Name, address, and TIN of building owner receiving allocation

D Employer identification number of agency

E Building identification number (BIN)

TIN ►

1a Date of allocation ►	b Maximum housing credit dollar amount allowable	1b	
2 Maximum applicable credit percentage allowable (see instructions)		2	%
3a Maximum qualified basis		3a	
b If the eligible basis used in the computation of line 3a was increased, check the applicable box and enter the percentage to which the eligible basis was increased (see instructions)		3b	1 ____ %
<input type="checkbox"/> Building located in the Gulf Opportunity (GO) Zone, Rita GO Zone, or Wilma GO Zone			
<input type="checkbox"/> Section 42(d)(5)(B) high cost area provisions			
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	%
5 Date building placed in service ►			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)			

Signature of Authorized Housing Credit Agency Official—Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification—Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	
8a Original qualified basis of the building at close of first year of credit period	8a	
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b For market-rate units above the average quality standards of low-income units in the building, do you elect to reduce eligible basis by disproportionate costs of non-low income units under section 42(d)(3)(B)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Check the appropriate box for each election:		
Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1)) ►	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5)) ►	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that I have examined this form and accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature	Taxpayer identification number	Date
Name (please type or print)	First year of the credit period	

State of Nevada
Gross Rent Floor Election
(In accordance with the Revenue Procedure 94-57)

December _____, 2014

This election guarantees that the rents an owner may charge will not fall below those rent limits in effect at the time of issuance of the determination letter pursuant to Section 42(m); or at the discretion of the owner; the rent limits in effect on the date/s that the building/s are placed in service.

Please indicate your preference. If this form is not returned, the Gross Rent Floor Limits will be fixed to the date of the 42(m) determination letter (October 6, 2014). This election is IRREVOCABLE

Rents in effect as of the date of 42(m) determination letter _____ **X** _____

Rents in effect on the date the building is placed in service _____

Project Name: Agate Avenue Apartments, Phase II

Owner / Sponsor: Agate Seniors II, LLC


By: Agate Seniors II Manager, LLC, its Managing Member

By: Ovation Development Corporation, its Manager

Lorri Murphy, Secretary-Vice President

Signature: 

Acknowledged and agreed:
NEVADA HOUSING DIVISION



Mark P. Licea
Loan Administration Officer



BUILDING DEPARTMENT

4701 W. RUSSELL ROAD • LAS VEGAS, NV 89118 • (702) 455-3000

CERTIFICATE OF OCCUPANCY

Permit #: 13-2082 Zone: R-4
Site Address: 2675 W AGATE AVE
Prop. Description: GOV LOT 25
Project Name: AGATE SENIOR APARTMENTS
Tenant Name: AGATE SENIOR APARTMENTS Tenant #:
Owner Name: AGATE SENIORS L L C
Contractor Name: OVATION DEVELOPMENT CORPORATIO State Lic. #: 0046655
Contractor Addr.: 6021 S FORT APACHE RD
STE 100, LAS VEGAS NV 89148
Ctr. Phone: (702) 990-2390 Parcel #: 177-20-601-012 # Of Units: 182
Code Year: 2009
Construction Type: V-B Occupancy: R2 Occupant Load: 1122
Sq. Ft.: 183219 Building Final: 6/08/15 Issue Date: 6/09/15
Application Type: APARTMENT BLDG-NEW
Description of Work:

NOTICE TO APPLICANT

This structure is deemed to be in substantial compliance with fire, life safety and structural provisions of the adopted codes of construction. Records concerning the construction of this building are on file with the building department in compliance with the appropriate records procedures.

This Certificate must be posted and maintained within any non-single family building or structure referenced above. Any construction to be done beyond the final building inspection date, above, requires a new building permit.

6/09/15

DATE APPROVED


RONALD L. LYNN, DIRECTOR/BUILDING OFFICIAL

This certificate of Occupancy provides no warranty or guarantee either expressed or implied.

Affirmative Fair Housing Marketing (AFHM) Plan – Multifamily Housing

U.S. Department of Housing
and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0013
(exp. 04/30/2013)

1a. Project Name & Address (including County, City, State & Zip Code)	1b. Project Contract Number	1c. Number of Units
	1d. Census Tract	
	1e. Housing/Expanded Housing Market Area	
1f. Managing Agent Name, Address (including City, State & Zip Code), Telephone Number & Email Address		

1g. Applicant/Owner/Developer Name, Address (including City, State & Zip Code), Telephone Number & Email Address

1h. Entity Responsible for Marketing (check all that apply)

☐ Owner ☐ Agent ☐ Other (specify)

Position, Name (if known), Address (including City, State & Zip Code), Telephone Number & Email Address

1i. To whom should approval and other correspondence concerning this AFHM Plan be sent? Indicate Address (including City, State & Zip Code), Telephone Number & Email Address in addition to Name.

2a. Affirmative Fair Housing Marketing Plan (check all that apply)

Initial Plan / Date: _____

Updated Plan / Date: _____

Reason(s) for current update: _____

2b. HUD-Approved Occupancy of the Project (check all that apply)

☐ Elderly

☐ Family

☐ Mixed (Elderly/Disabled)

☐ Disabled

2c. Date of Initial Occupancy

2d. Advertising Start Date

Advertising should begin *at least* 90 days prior to initial occupancy.

Prior to Initial Occupancy: _____

To add to waiting list _____ (which currently has _____ individuals) _____

To reopen closed waiting list _____ (which currently has _____ individuals) _____

3a. Demographics of Project and Marketing Area

Complete and submit Worksheet 1.

3b. Targeted Marketing Activity

Based on your completed Worksheet 1, indicate which demographic group(s) in the housing market area is/are *least* likely to apply for the housing without special outreach efforts.

☐ White ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latino ☐ Persons with Disabilities
☐ Families with Children ☐ Other ethnic group, religion, etc. (specify) _____

4a. Residency Preference

Is the owner requesting a residency preference? ☐ Yes ☐ No (If yes, continue. If no, proceed to Block 4b.)

(1) ☐ New ☐ Revised ☐ Continuation of existing preference

(2) Is the residency preference area:

The same as the AFHM Plan housing/expanded housing market area (as determined in Block 1d) ☐ Yes ☐ No

The same as the residency preference area of the local PHA in whose jurisdiction the project is located? ☐ Yes ☐ No

(3) What is the geographic area for the residency preference?

(4) What is the reason for having a residency preference?

(5) How do you plan to periodically evaluate your residency preference to ensure that it is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a)?

Complete and submit Worksheet 2 when requesting a residency preference (see also 24 CFR 5.655(c)(1) for residency preference requirements for Section 8 Project-Based Assisted Housing Programs). The requirements in 24 CFR 5.655(c)(1) will be used by HUD as guidelines for evaluating residency preference requirements in other assisted housing programs, consistent with the applicable HUD program requirements. See also HUD Occupancy Handbook (4350.3) Chapter 4, Section 4.6 for additional guidance on preferences.

4b. Proposed Marketing Activities: Community Contacts

Complete and submit Worksheet 3 to describe your use of community contacts to market the project to those least likely to apply.

4c. Proposed Marketing Activities: Methods of Advertising

Complete and submit Worksheet 4 to describe your proposed methods of advertising that will be used to market to those least likely to apply. Attach samples of advertisements, radio and television scripts, internet advertisements and websites, brochures, etc.

5a. Fair Housing Poster

The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place (24 CFR 200.620(e)). Check below all locations when the AFHM Plan will be displayed.

☐ Rental Office ☐ Real Estate Office ☐ Model Unit ☐ Other (specify) _____

5b. Affirmative Fair Housing Marketing Plan (AFHM Plan)

The AFHM Plan must be available for public inspection at the sales or rental office (24 CFR 200.625). Check below all locations where the AFHM Plan will be made available.

(Check all that apply)

☐ Rental Office ☐ Real Estate Office ☐ Model Unit ☐ Other (specify) _____

5c. Project Site Sign

All Project Site Signs should include the Equal Housing Opportunity logo, slogan, or statement (24 CFR 200.620(f)). Check below all locations where the Project Site Sign will be displayed. (Check all that apply)

☐ Rental Office ☐ Real Estate Office ☐ Model Unit ☐ Entrance to Project ☐ Other (specify) _____

The size of the Project Site Sign will be _____ x _____.

The Equal Housing Opportunity logo or slogan or statement will be _____ x _____.

6. Evaluation of Marketing Activities

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting the group(s) least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.

7a. Marketing Staff

What staff positions are/will be responsible for affirmative marketing?

7b. Staff Training and Assessment: AFHM Plan

(1) Has staff been trained on the AFHM Plan? ☐ Yes ☐ No

(2) Is there ongoing training on the AFHM Plan and Fair Housing Act issues in general? ☐ Yes ☐ No

(3) If yes, who provides it?

(4) Do you periodically assess staff skills, including their understanding of the AFHM Plan and their responsibilities to use it?
☐ Yes ☐ No

(5) If yes, how and how often?

7c. Tenant Selection Training/Staff

(1) Has staff been trained on tenant selection in accordance with the project's occupancy policy, including any residency preferences? ☐ Yes ☐ No

(2) What staff positions are/will be responsible for tenant selection?

7d. Staff Instruction/Training: Samples and Dates

Please provide samples of AFHM/Fair Housing training, if any, provided/to be provided, to whom it was/will be provided, and dates of past and anticipated training.

8. Additional Considerations Is there anything else you would like to tell us about your AFHM Plan in order to ensure that your program is marketed to those least likely to apply for the units and/or to be housed in them? Please attach additional sheets, as needed.

9. Review and Update

By signing this form, the applicant/respondent agrees to review its AFHM Plan at least once every 5 years throughout the life of the mortgage and to update it as needed in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Company

For HUD-Office of Housing Use Only

For HUD-Office of Fair Housing and Equal Opportunity Use Only Approved _____ Disapproved _____
(check one)

Reviewing Official:

Signature & Date (mm/dd/yyyy)

Signature & Date (mm/dd/yyyy)

Name (type or print)

Name (type or print)

Title

Title

Public reporting burden for this collection of information is estimated to average six (6) hours per initial response, and four (4) hours for updated plans, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

Purpose of Form: All applicants for participation in FHA subsidized and unsubsidized multifamily housing programs with five or more units (see 24 CFR 200.615) must complete this Affirmative Fair Housing Marketing Plan (AFHMP) Form as specified in 24 CFR 200.625, and in accordance with the requirements in (24 CFR 200.620). The purpose of the AFHMP is to help applicants in developing an AFHM program to achieve a condition in which individuals of similar income levels in the same housing market area have a like range of housing choices available to them regardless of their race, color, national origin, religion, sex, disability, or familial status. The AFHMP helps owners/agents (respondents) effectively market the availability of housing opportunities to individuals of both minority and non-minority groups that are least likely to apply for occupancy in the housing project (See AFHMP, Block 3b).

An AFHM program, as specified in this Plan, shall be in effect for each multifamily project throughout the life of the mortgage (24 CFR 200.620(a)). The AFHMP, once approved by HUD, must be available for public inspection at the sales or rental offices of the respondent (24 CFR 200.625) and may not be revised without HUD approval. This form contains no questions of a confidential nature.

Applicability: The form and worksheets must be completed and submitted by all FHA subsidized and unsubsidized multifamily housing projects.

INSTRUCTIONS

Send completed form and worksheets to: your local HUD Office. **Attention:** Director, Office of Housing.

Part 1- Applicant/Respondent and Project Identification.

Blocks 1a, 1b, 1c, 1g, 1h, and 1i are self-explanatory.

Block 1d – Respondents may obtain the Census tract number from a local planning office, Community Development Block Grant Consolidated Plan, or another official source such as the U.S. Census Bureau (www.census.gov).

Block 1e – A **housing market area** is the area from which a multifamily housing project owner/agent may reasonably expect to draw a substantial number of its tenants.

If a housing market area is not demographically diverse in terms of race, color, national origin, religion, sex, disability, or familial status, an **expanded housing market area** may be used. An expanded housing market area is a larger geographic area that may provide additional diversity. Respondents should indicate the housing or expanded housing market area in which the housing is/will be located, e.g., "City of _____" for housing market area, or "City of _____" and "County of _____" for expanded housing market area.

Block 1f – The applicant should complete this Block only if a Managing Agent (the agent cannot be the applicant) is implementing the AFHMP.

Part 2-Type of AFHMP

Block 2a – Respondents should indicate the status of the AFHMP, e.g., initial or updated, as well as the date of the AFHMP. Respondents should also provide the reason(s) for the current update, if applicable, whether the update is based on the five-year review or mid-term revisions due to changes in local demographics or other conditions.

Block 2b – Respondents should identify all groups HUD has approved for occupancy in the subject project, in accordance with the contract, grant, etc.

Block 2c – Respondents should specify the date the project was/will be first occupied.

Block 2d – Respondents should indicate when this revised advertising began or will begin and whether the advertising will be used to add to and/or reopen the waiting list. **(NOTE: Advertising should begin at least 90 days prior to initial occupancy).** In the case of existing projects, respondents should also specify how many individuals were or are on the waiting list at the time the advertising began or will begin.

Part 3-Demographics and Marketing Area.

"Least likely to apply" means that there is an identifiable presence of a specific demographic group in the housing market area, but members of that group are not likely to apply for the housing without targeted outreach, including marketing materials in other languages for limited English proficient individuals, and alternative formats for persons with disabilities. Reasons for not applying can include, but are not limited to, insufficient information about housing opportunities, language barriers, or transportation impediments.

Block 3a – Using Worksheet 1, the respondent should indicate the demographic composition of the project, waiting list, census tract, and housing market area. The respondent compares the demographics of its existing project, waiting list (or any maintained list of interested housing applicants), with the demographics of the census tract and the larger housing market area to determine if there needs to be affirmative marketing to those least likely to apply. If the housing market area is not demographically diverse in terms of race, color, national origin, religion, sex, disability, or familial status, an expanded housing market area should be designated to enhance the diversity of individuals applying for housing opportunities. The applicable housing market area or expanded marketing area should be shown in Block 1e. Wherever possible, demographic statistics should be obtained from a local planning office, Community Development Block Grant Consolidated Plan, or another official source such as the U.S. Census Bureau (www.census.gov).

Compare groups within rows/across columns on Worksheet 1 to identify any under-represented group(s) relative to the surrounding housing market area, i.e., those group(s) "least likely to apply" for the housing without targeted outreach and marketing. If there is a particular group or subgroup with members of a protected class that has an identifiable presence in the housing market area, but is not included in Worksheet 1, please specify under "Other."

Block 3b – Using the information from the completed Worksheet 1, respondents should identify the demographic group(s) least likely to apply for the housing without special outreach efforts.

Part 4 - Marketing Program and Residency Preference (if any).

Block 4a – A residency preference is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). Respondents should indicate whether a residency preference is being requested, and if so, respondents should specify if it is new, revised, or continuing. If a respondent wishes to implement a residency preference, it should state the preference area (and provide a map delineating the precise area) and state the reason for having such a preference. The respondent must ensure that the preference is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a) (see 24 CFR 5.655(c)(1)).

Respondents should use Worksheet 2 to show how the percentage of the eligible population living or working in the residency preference area conforms to that of the occupancy of the project, waiting list, and housing market area. The latter percentages would be the same as those shown on completed Worksheet 1.

Block 4b – Using Worksheet 3, respondents should describe their use of community contacts to market the project to those least likely to apply. This table should include the name of a contact person, his/her address, phone number, previous experience working with the target population(s), the approximate date contact was/will be initiated, and the specific role the community contact will play in implementing the AFHMP.

Block 4c – Using Worksheet 4, respondents should describe their proposed method(s) of advertising to market to those least likely to apply. This table should identify each media option, percentage of the readers/listeners/users/ members/etc. who are members of the targeted population(s), language(s) into which the material(s) will be translated, alternative format(s) that will be used to reach persons with disabilities, and logo(s) that will appear on the various materials (as well as their size).

Part 5- Availability of the Fair Housing Poster, AFHMP, and Project Site Sign.

Block 5a – The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place (24 CFR 200.620(e)). Respondents should indicate all locations where the Fair Housing Poster will be displayed.

Block 5b – The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625). Respondents should indicate all locations where the AFHMP will be available.

Block 5c – The Project Site Sign should display the Equal Housing Opportunity logo or slogan or statement (24 CFR 200.620(f)). Respondents should indicate where the Project Site Sign will be displayed, as well as the size of the Sign and the size of the logo, slogan or statement.

Part 6 -Evaluation of Marketing Activities.

Respondents should explain the evaluation process to be used to determine if they have been successful in attracting those groups identified as least likely to apply. Respondents should also explain how they will make decisions about future marketing activities based on the evaluations.

Part 7-Marketing Staff and Training.

Block 7a - Respondents should identify staff positions that are/will be responsible for affirmative marketing.

Block 7b - Respondents should indicate whether staff has been trained on the use of the AFHMP and specify whether there is ongoing training on the AFHMP and Fair Housing Act issues in general. Show who provides the training. In addition, respondents should specify whether they periodically assess staff members' skills in relation to the AFHMP and staff responsibilities to use the Plan. They should state how often they assess employee skills and how they conduct the assessment.

Block 7c - Respondents should indicate whether staff has been trained on tenant selection in accordance with the project's occupancy policy, including residency preferences (if any). Respondents should also identify those staff positions that are/will be responsible for tenant selection.

Block 7d - Respondents should include copies of any written materials related to staff training, and identify the dates of past and anticipated training.

Part 8-Additional Considerations.

Respondents should describe their efforts not previously mentioned that were/are planned to attract those groups least likely to apply for the subject housing without special outreach efforts.

Part 9-Review and Update.

By signing, the respondent assumes responsibility for implementing the AFHMP, and for reviewing and updating the Plan at least once every 5 years, and more frequently if local conditions or project demographics significantly change. HUD may monitor the implementation of this AFHMP at any time, and may also request modification in its format and/or content, when deemed necessary. Respondents should notify their local HUD Office of Housing if they plan revisions to the AFHMP marketing strategy after HUD approval has occurred.

Notification of Intent to Begin Marketing for Initial Occupancy. No later than 90 days prior to the initiation of rental marketing activities, the respondent with an approved AFHMP must submit notification of intent to begin marketing. The notification is required by the AFHMP Compliance Regulations (24 CFR 108.15). The Notification is submitted to the Office of Housing in the HUD Office servicing the locality in which the proposed housing will be located. Upon receipt of the Notification of Intent to Begin Marketing from the applicant, the monitoring office will review any previously approved plan and may schedule a pre-occupancy conference. Such pre-occupancy will be held prior to initiation of sales/rental marketing activities. At this conference, the previously approved AFHM plan will be reviewed with the applicant to determine if the plan, and/or its proposed implementation, requires modification prior to initiation of marketing in order to achieve the objectives of the AFHM regulation and the plan.

OMB approval of the Affirmative Fair Housing Marketing Plan includes approval of this notification procedure as part of the AFHMP. The burden hours for such notification are included in the total designated for this AFHMP form.

Worksheet 1: Determining Demographic Groups Least Likely to Apply for Housing Opportunities
(See AFHM Plan, Block 3b)

In the respective columns below indicate the percentage of each demographic group for the project (if occupied), waiting list (for existing projects), census tract, housing market area, and expanded housing market area (if the latter is needed to create a more diverse housing market area in terms of race, color, national origin, religion, sex, disability, or familial status).

Wherever possible, statistics should be obtained from a local planning office, Community Development Block Grant Consolidated Plan, or another official source such as the U.S. Census Bureau (please see <http://factfinder.census.gov>. Under Decennial Census, click "Get Data". Choose SF3, then detailed tables).

If there is a significant under-representation of any demographic group in the project and/or on its waiting list relative to the surrounding housing market area, then those groups(s) that are under-represented will be considered "least likely to apply" without targeted outreach and marketing, and will be so identified in Block 3b of the AFHM Plan. See Part 3 of the Form HUD-935.2A Instructions for further guidance. **Maps showing both the Housing Market Area and Expanded Housing Market Area should also be attached.**

Demographic Characteristics	Project %	Waiting List %	Census Tract %	Housing Market Area %	Expanded Housing Market Area% (if used)
White					
American Indian or Alaskan Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
Hispanic or Latino					
Persons with Disabilities					
Families with Children					
Other					

Worksheet 2: Establishing a Residency Preference Area (See AFHM Plan, Block 4a)

Complete this Worksheet if you wish to continue, revise, or add a residency preference, which is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). If a residency preference is requested, the preference must be in accordance with the non-discrimination and equal opportunity requirements contained in 24 CFR 5.105(a). This Worksheet will help show how the percentage of the population in the residency preference area conforms to that of the occupancy of the project, waiting list, and housing market area. See 24 CFR 5.655 (c)(1) for residency preference requirements for Section 8 Project-Based Assistance Programs. **Attach a map specifying the area for which the residency preference is requested.**

Demographic Characteristics	Project % (as determined in Worksheet 1)	Waiting List % (as determined in Worksheet 1)	Census Tract % (as determined in Worksheet 1)	Housing Market Area % (as determined in Worksheet 1)	Expanded Housing Market Area % (if needed and as determined in Worksheet 1)	Residency Preference Area % (if applicable)
White						
American Indian or Alaskan Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
Hispanic or Latino						
Persons with Disabilities						
Families with Children						
Other (specify)						

Worksheet 3: Proposed Marketing Activities – Community Contacts (See AFHM Plan, Block 4b)

For each targeted marketing population designated as least likely to apply in Block 3b, identify at least one community contact organization you will use to facilitate outreach to the group. This could be a social service agency, religious body, advocacy group, community center, etc. State the names of contact persons, their addresses and phone numbers, their previous experience working with the target population, the approximate date contact was/will be initiated, and the specific role they will play in assisting with the affirmative fair housing marketing program.

Targeted Population(s)	Community Contact(s), including required information

Worksheet 4: Proposed Marketing Activities – Methods of Advertising (See AFHM Plan, Block 4c)

Complete the following table by identifying your targeted marketing population(s), as indicated in Block 3b, as well as the methods of advertising that will be used to market to that population. For each targeted population, state the means of advertising that you will use, as applicable to that group. In each block, in addition to specifying the media that will be used (e.g., name of newspaper, television station, website, location of bulletin board, etc.), state any language(s) in which the material will be provided, identify any alternative format(s) to be used (e.g., Braille, large print, etc.), and specify the logo(s) (as well as size) that will appear on the various materials. Attach additional pages, if necessary.

Targeted Population(s)→ Methods of Advertising ↓	Targeted Population:	Targeted Population:	Targeted Population:
Newspaper			
Radio Stations			
TV Stations			
Electronic Media (e.g., internet advertisements, websites, etc.)			
Bulletin Boards			
Brochures, Notices, Flyers			
Other (specify)			

Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 6/15/2016)

Project:

Instructions:

- (1) Choose the county in which your project is located.
- (2) If your project is located within the boundaries of one of the designated places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.
- (3) Please select the financing applicable for your project. Units financed with HOME, NSP, or tax exempt bonds and 4% tax credits are not eligible to use the National Non-Metro limits.
- (4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for Housing Trust Fund, the date of your LURA. For HOME or NSP, select "N/A."
- (5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice, Subaward Agreement Date. For Housing Trust Fund, select the date of your LURA. For HOME or NSP select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County: _____

(2) Place:² _____

(3) Financing: _____

(4) Project PIS Date: _____

(5) Carryover / Determination Notice / Subaward Agreement Date: _____

INCOME LIMITS

AMFI	Number of Household Members							
	1	2	3	4	5	6	7	8
%								
30								
40								
50								
60								
80								
120								

RENT LIMITS

AMFI	Number of Bedrooms				
	0	1	2	3	4
%					
30					
40					
50					
60					
65					
80					

1. This information is being provided to assist in the determining the rents and incomes applicable given a set of assumptions you select. You are encouraged to independently verify the results or contact the Department if you have concerns.
2. The "Place" field is used to determine whether the property is eligible to use the National Non-Metropolitan Median Income limits. Not all Places or Cities in Texas are shown. If you are located outside of the boundaries of a designated Place then select "Not Listed" even if your mailing address reflects the place name.
3. The "Carryover / Determination Notice / Subaward Agreement Date" field is used to determine whether the property's gross rent floor is based upon a different set of income limits than those used to qualify tenants. For a 2016 Housing Tax Credit income limits are effective 3/28/2016. The 2015 NSP income limits are effective 3/2015. The Community Planning Division (CPD) of HUD released the 2016 HOME Program income limits effective 6/6/2016 and rent limits that are effective for all new leases and lease renewals after 6/6/2016.
5. For Housing Tax Credit project(s) that place in service or execute a Carryover Agreement within 45 days after HUD releases the MTSP income limits where the newly released limits reflect a decrease. IRS Revenue Ruling 94-57 allows the owner to rely on either limit.

NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: Enter the date posted onsite

Please be aware that effective on 90 days after posting (example posting= 8/28/13 the 90 days after=11/26/14), the management and ownership of Property Name will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
	\$ list total for all utilities	\$ list total for all utilities
	\$	\$
	\$	\$
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Property Name may submit written comments on these proposed changes to the management office at Management Company Contact Information.

Name of Person Posting

Title of Person Posting

Company Name of Person Posting

RESIDENT SELECTION PLAN
LOW-INCOME HOUSING TAX CREDIT PROGRAM

These Criteria apply to the following Apartment Community

GENERAL INFORMATION on LOW INCOME HOUSING TAX CREDIT PROGRAM (LIHTC)

The Low Income Housing Tax Credit Program is an affordable housing program for individuals and families on fixed or lower incomes. The Program was created by Congress in 1986 as part of the Tax Reform Act and is administered by the Internal Revenue Service. The program is not a subsidized housing program. Each resident is responsible for the full amount of rent each month. The rental amount is NOT based on income, but rather on the pre-set income limits for the area as determined by HUD on an annual basis. For this communities "Maximum Income Limits" please see attached applicable income restrictions and limits table.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in an apartment. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window and a closet space for clothing.
2. Maximum occupancy: two (2) people per bedroom plus one (e.g. five (5) people maximum in a two bedroom unit).

APPLICATION PROCESS

1. Management will complete a Pre-Qualifying interview with all applicants to determine income eligibility.
2. Applicant shall complete the designated rental application and pay the stipulated non-refundable screening fee of \$41.00 for each applicant.
3. Acceptance or denial of the application may take up to 10 days.
4. If the application is approved and you accept the available apartment, within 24 hours you will be required to pay your security deposit (a minimum of \$200 towards your security deposit will be required to "hold/ reserve" the apartment).

GENERAL REQUIREMENTS/STUDENTS

1. Only U.S. citizens or legal non-citizens will be considered for tenancy. Each applicant must be 18 years or older and provide a copy of one of the following:
 - a. Social Security number or proof that applicant has applied for a Social Security number.
 - b. I-94/Visa/Arrival-Departure Form (often used by students, travelers, foreign corporate trainees, etc.).
 - c. Green Card – used by guest workers while working in the U.S. Valid for 10 years after issue date.
2. Households which are comprised entirely of full-time students are generally not eligible for housing at Low-Income Housing Tax Credit properties unless they meet one of the exceptions listed:
 - a. All adults are married and ENTILED TO file a joint tax return. (verification; copy of return or marriage cert.)
 - b. At least one member of the household is receiving benefits under Title IV Welfare (TANF in many states)
 - c. At least one member of the household is enrolled in a federal, state or local job training program (JTPA or "Workforce Investment Act")
 - d. All adult members are single parents with minor children, the adult is not a dependent of any third party, and the children are only claimable by a parent.
 - e. The household includes a member who formerly received foster care assistance.

Note: If, after taking occupancy, the household becomes comprised entirely of full-time students and does not meet any of the exceptions listed, that household will no longer qualify and will be required to vacate the premises.

INCOME REQUIREMENTS

1. All household income and assets must be documented and verified by management. Authorizations will be mailed, emailed or faxed, by management, to the proper institution/agency or employer. These forms must be returned by mail, email or fax and cannot be hand carried. Stability of the source and the amount of income during the past five years may be considered.
2. Monthly household income should be at least 2 times the stated monthly rent and cannot exceed the applicable maximum income limit for the apartment for which you are applying. The income limits are a percentage of the area median income (AMI), published annually by HUD, and adjusted for household size (i.e. 50% AMI, 60% AMI).
3. Some form of verifiable income will be required for unemployed applicants applying as the Head of Household. Unemployed applicants who are projecting potential income must provide a copy of the previous year's tax return.
4. Self-employed applicants will be required to show proof of income through copies of the previous year's tax returns and/or records from an accountant or bookkeeper.
5. You will be denied if your source of income cannot be verified.
6. Please note that, pursuant to the regulations governing the low-housing tax credit program, for purposes of determining eligibility total household income is a projection of income expected to be received in the ensuing 12 months following the date of certification.

RENTAL REQUIREMENTS

1. Applicant shall provide information necessary to verify current and previous housing or rental history.
2. Home ownership is verified through the credit report or county tax assessor.
3. Home ownership negotiated through a land sales contract is verified through the credit report or contract holder.
4. Any records of eviction within the last three years will result in a denial. Evictions beyond three years will result in an increased deposit equal to one month's rent.
5. Five or more late payments to your landlord in the last 12 months will result in a denial.
6. Less than six months of verifiable rental history and or rental history from a non- third party landlord will result in an increased security deposit equal to one month's rent (or additional bond coverage).
7. Any record of foreclosure will result in an increased security deposit equal to one month's rent (or additional bond coverage).

CREDIT REQUIREMENTS

1. Credit worthiness will be determined from a credit report which should reflect prudent payment history.
2. Outstanding bad debt exceeding \$1,500 (excluding medical debt, child support & financial aid) reported from a Credit Bureau (i.e., Slow Pay, Collections, Bankruptcies, Repossessions, Judgments & Wage Garnishment programs) will require an increased security deposit equal to one full month rent (or additional bond coverage).
3. Eleven or more accounts in collections, slow pay or judgment's (excluding medical debt, child support and financial aid) reported from a credit bureau will result in denial.
4. Verifiable "Landlord Debt" will result in denial.
 - a. Denials for landlord debt can be appealed if you meet the following;
 - i. (A) debt has been paid in full and receipt submitted to management or (B) repayment of debt has been negotiated with landlord and an accepted payment plan has been executed by both parties. This payment plan can be verified by either (A) copy of signed payment agreement or (B) copy of partial payment accepted by landlord.

CRIMINAL CONVICTION CRITERIA

1. A search of the public records will be made to determine if the applicant or any proposed occupant has been convicted of, pled guilty or no contest to any crimes.

2. Any felony involving murder, attempted murder, kidnapping, arson, rape, any sex crimes or drug related offenses (possession, sale, manufacturer, transport) will result in denial.
3. Any felony not listed above, including but not limited to those involving manslaughter, assault, injury, burglary, theft, robbery, property damage or fraud, where the date of disposition (conviction) has occurred within the last seven (7) years will result in denial.
4. Any misdemeanor or deferrals involving sex crimes, theft, assault, intimidation, harassment, prostitution, drug related crimes, or property damage where the date of disposition (conviction) has occurred within the last seven (7) years will result in an increased security deposit equal to one full month's rent (or additional bond coverage).
5. Any pending felony charges or outstanding warrants (felony or misdemeanor) must be resolved before the application can be processed.

DISABLED ACCESSIBILITY

1. Quantum Residential, Inc. allows existing premises to be modified for reasonable accommodation purposes for persons with disabilities. Quantum Residential, Inc. requires:
 - a. The applicant/ resident seek the landlord's written approval before making modifications.
 - b. Reasonable assurance (in writing) that the work will be performed in a workmanlike manner.
 - c. Names of qualified contractors that will be used.
 - d. Appropriate building permits and the required licenses must be made available for inspection by the landlord.
 - e. Modifications are at the expense of the applicant/ resident unless federal law relative to program guidelines specific to the property require otherwise.

REJECTION POLICY

1. You have the right to dispute the accuracy of any information provided to the landlord by the consumer reporting agency listed below (REACS). If your application is rejected due to unfavorable information received during the screening process, you may:
 - a. Contact the consumer reporting agency that supplied the information to correct the misinformation/ inaccuracies.
 - b. Contact the credit bureau to identify who is reporting unfavorable information.
 - c. Correct any incorrect information through the consumer reporting agency as per their policy.
 - d. Request the credit bureau to submit a corrected credit report to appropriate consumer reporting agency.
 - e. Upon receipt of the corrected and satisfactory information, your application will be evaluated again for the next available apartment.
2. If your application has been denied and you feel that there are extenuating circumstances for your denial, you should, state your reasons for further review/appeal in writing to the Resident Manager, who will submit your request to Quantum Residential, Inc. In the letter, explain the reasons you believe your application should be reviewed. Within ten business days from receipt of your letter, you will be notified of the outcome.

I hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening fee as set forth above. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The applicant is entitled to a free copy of their consumer report in the event of a denial or other adverse action and has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The name and address of the Consumer Reporting Agency is REACS, 601A E 16th Street, Vancouver, WA 98663. The contact number is 1-877-531-5960.

Applicant's Signature: _____
Date: _____

Applicant Phone Number: - _____

Owner/Agent: _____ Date: _____



We are pledged to the letter and spirit of the US policy for achievement of equal housing opportunity throughout the nation regardless of race, color, religion, sex, handicap, familial status or nation origin. TDD 1-800-735-2900.

- ☐ HUD Tenant File (Copy)
☐ LIHTC Tenant File (Original)

RECERTIFICATION QUESTIONNAIRE

Property: _____ Full Name: _____ Unit #: _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Part I. Household Composition

List ALL individuals who are living or plan to live with you in your apartment:

HH Mbr	Full Name	Sex	Age	Relationship to Head of Household (HoH)	Student	If Student: Full Time (FT) or Part Time (PT) Student
1				HoH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Yes	No		HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are any household members temporarily absent?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you listed any household members who will be permanently absent from the unit?	
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to the lifetime registration requirement under a state sex offender registration program?	

Part II. Household Income

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Retirement Benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Black Lung Benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Military Pay	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Medical Care Insurance Payments: Locality _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Educational Funds <input type="checkbox"/> Grant <input type="checkbox"/> Scholarship	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Funds (Railroad, etc.)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Pension: Locality _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Annuities: Locality _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal Support Payments (Attach Divorce Decree)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Child Support State _____ County _____	\$ _____	

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Employment (wages, salaries, tips, commission, bonuses) Locality: _____	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment (If yes, attach previous year income tax return)	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (excluded food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Inheritance When? _____	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Lottery Winnings When? _____	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlement When? _____	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Has the employment status of any household member changed? Description: _____	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Receive income under Title V of the Older Americans Act? If yes, select all that apply: <input type="checkbox"/> RSVP <input type="checkbox"/> Green Thumb <input type="checkbox"/> Senior Aides <input type="checkbox"/> Older American Community Service <input type="checkbox"/> Foster Grandparents	\$ <input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Other income not listed above? Description: _____	\$ <input type="text"/>	

Part III. Household Asset Information

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Holiday Fund-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Funds. If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Trusts. If yes, list locality. Is the trust irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Individual Retirement Account (IRA) 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Keogh Account 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Capital Retirement Account-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Stocks 1) _____ 2) _____	\$ _____ \$ _____	_____ _____

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Bonds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Annuity-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Deposit (CD/TIS)-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Rental Property or other Capital Investment-Monthly Income \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property held as an Investment 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Cash on-hand (COH)-Cash Value \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Box – Contents of the Box? 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Treasury Bills-Cash Value \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Retirement Funds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Accounts not listed above 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you or a member of your household own any property/Real Estate? Current Status/Intentions: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Foreclosure 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or a member of your household disposed of any asset for less than Fair Market Value in the past 2 years? If yes, please complete the Divestiture of Asset Form.		

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Are any assets held jointly with other persons? If yes, clarify: _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any minor children in the household who have any assets? <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Bonds <input type="checkbox"/> Other Locality _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Income from assets or sources other than those listed above? If yes, explain: _____	\$ _____	_____

Part IV. Household Expenses

Yes	No	Expense(s)	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of an elderly or disabled household? If yes, please list all current out-of-pocket medical expenses for your household (Medicare, medical insurance, dental, hearing, pharmacy, etc.): _____ _____ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	If employed, is childcare paid as a result of work or looking for work? Locality _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in the unit pay for equipment for any family member with a disability so that another family member can work?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there childcare expenses paid in order for you to continue your education?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Foster Children or Foster Adults who are part of the household?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Live-In Care Attendants who are part of the household?	_____

Part V. Student Status

Yes	No	Student(s)	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in the household be, or have been, full-time students during five calendar months of this year; or, plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	_____

If yes, answer the following questions:

<input type="checkbox"/>	<input type="checkbox"/>	Are any full-time student(s) a TANF or Title IV recipient?
<input type="checkbox"/>	<input type="checkbox"/>	Is the full time student a person who was previously under the care and placement of a foster care program (under part B or E of Title IV of the Social Security Act)?
<input type="checkbox"/>	<input type="checkbox"/>	Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?
<input type="checkbox"/>	<input type="checkbox"/>	Are any full-time student(s) married and filing a joint income tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return and whose children are not dependents on another's tax return other than a parent?

I/we certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/we understand that it is my/our responsibility to report to management changes in income and assets whenever they occur.

Head of Household

Date

Spouse / (Co-Head)

Date

Site Manager

Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. Seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

HRDE, Inc./Unity Housing, Inc./Unity Housing Apartments, LP, does not discriminate on the basis of handicapped/disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

HRDE-R3 Recertification Questionnaire



\$675 - 995



1 BR	1 BA	\$675 - 705	680 Sq Ft	One Bedroom One Bath	Available Now
Budget Stretch					
2 BRs	1 BA	\$715 - 740	816 Sq Ft	Two Bedroom One Bath	Available Now
2 BRs	2 BAs	\$750 - 775	910 Sq Ft	Two Bedroom Two Bath	Available Now

Prices and availability subject to change without notice.

Amenities & Expenses

Laundry Facilities	Washer/Dryer	Balcony
Property Manager on Site	Air Conditioning	
Laundry Service	Heating	
Business Center	Ceiling Fans	
Courtyard	Smoke Free	
Grill	Cable Ready	
Fitness Center	Storage Units	
Pool	Fireplace	
Playground	Dishwasher	
Basketball Court	Range	
Tennis Court	Refrigerator	
High Speed Internet Access	Views	

Office Hours

Monday	9 AM to 6 PM
Tuesday	9 AM to 6 PM
Wednesday	9 AM to 6 PM
Thursday	9 AM to 7 PM
Friday	9 AM to 6 PM
Saturday	10 AM to 5 PM
Sunday	1 PM to 5 PM

Nevada Housing Division

Low Income Housing Tax Credit Compliance Manual

State of Nevada
Department of Business and Industry
Housing Division

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